The first control order can be a second or the first control of the firs	The second secon
SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Pleage Print Clearly) B. Date of Deliver D3/12-J2 C. Signafture Agent Addresse
Article Addressed to: 7/3//	D. Is delivery address different from Item 1? Yes - If YES, enter delivery address below:
00-156 DLB Enterprises, Inc. 2244 Larson Lane	
Suite 104 Dallas, TX 75229	3. Service Type Certified Mail
Adiala Number (Caru form continu Inhall	4. Restricted Delivery? (Extra-Fee)
2. Article Number (Copy from service label) (2023 077/ (a))	45
PS Form 3811, July 1999 Domest	c Réturn Receipt 102595-00-M-0952
	ERTIFIED FCC OUL-72 MIMEOGRAPH NO.
	MAIL
RETURN R	ECEIPT REQUESTED
NAME: DLB 2rl	exprises TAUG. R. 9.2882
2244 Larson M Suite 104 Dallas, TX 75%	FCC-MAILFIOOM
Dollas, TX 75%	221
CER	Postal Service TIFIED MAIL RECEIPT tic Mail Only: No insurance Coverage Provided)

